

		INCIDENT/INVESTIGATION REPORT				Case# 2017-24501			
		Agency Name Port St. Lucie Police Department		ORI FL 0560200		Date / Time Reported 12/01/2017 15:20 Fri			
INCIDENT DATA	Location of Incident 121 Sw Port St Lucie Blvd, Port St Lucie FL 34984-		Premise Type Church / Synagogue /		Zone/Tract PS23		Last Known Secure 11/26/2017 12:00 Sun		
							At Found 11/26/2017 12:00 Sun		
	#1	Crime Incident(s) Theft Other THK	(Com)	Weapon / Tools NOT APPLICABLE			Activity		
				Entry	Exit	Security			
	#2	Crime Incident	()	Weapon / Tools			Activity		
			Entry	Exit	Security				
	#3	Crime Incident	()	Weapon / Tools			Activity		
				Entry	Exit	Security			
MO									
VICTIM	# of Victims 1		Type: GOVERNMENT		Injury:		Domestic: N		
	V1	Victim/Business Name (Last, First, Middle) STATE OF FLORIDA		Victim of Crime # 1,	DOB Age	Race Sex	Relationship To Offender Resident Status N/A		
	Home Address 121 SW PORT ST LUCIE BLVD , Port St Lucie, FL 34984-						Home Phone 772-871-5000		
	Employer Name/Address				Business Phone		Mobile Phone		
	VYR	Make	Model	Style	Color	Lic/Lis	VIN		
OTHERS	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)								
	Type: INDIVIDUAL/ NOT LAW ENFORCEMENT		Injury:						
	Code RP	Name (Last, First, Middle) SAMARITAN, REBECCA		Victim of Crime #	DOB Age	Race Sex	Relationship To Offender Resident Status Military Branch/Status		
	Home Address						Home Phone		
	Employer Name/Address				Business Phone		Mobile Phone		
INVOLVED	Type: INDIVIDUAL/ NOT LAW ENFORCEMENT		Injury:						
	Code IO	Name (Last, First, Middle) BITETTO, VITANGELO ROCCO		Victim of Crime #	DOB Age	Race Sex	Relationship To Offender Resident Status Military Branch/Status		
	Home Address 1842 Se Floresta Dr Port St Lucie, FL 34983						Home Phone 772-501-0169		
	Employer Name/Address Good Samaritan Ministries, 8280 Business Park Drive, Port St Lucie (PASTOR)				Business Phone 772-398-0065		Mobile Phone		
	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (*OJ* = Recovered for Other Jurisdiction)								
PROPERTY	VI #	Code	Status Frm/Tc	Value	OJ	QTY	Property Description	Make/Model	Serial Number
		25NI	S	\$1.00		1	CREDIT / DEBIT / ATM CARDS	EBT/Snap	
Officer/ID#		BUTTERWORTH, D. (CID) (2042)			Outstanding Stolen Val [Total Stolen]: \$1.00 [\$1.00]				
Invest ID#		BUTTERWORTH, D. (CID) (2042)			Supervisor MARTIN, A. (CID) (2604)				
Status	Complainant Signature		Case Status Administratively Cleared		04/04/2018		Case Disposition:	Page 1	

Incident Report Additional Name List

Port St. Lucie Police Department

OCA: 2017-24501

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) RP 2	FISHBAUGH, KRISTOPHER MICHAEL		09/14/1959	58	W	M
Address	5660 Nw Consumer Ave , Port St Lucie, FL 34983-		H: 772-203-1466			
Empl/Addr	Fishbaugh Enterprises Inc		B: - -			
			Mobile #: - -			

INCIDENT/INVESTIGATION REPORT

Port St. Lucie Police Department

Case # 2017-24501

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found						
D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers

Suspect Hate / Bias Motivated: None

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2017-24501

Port St. Lucie Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE

Port St. Lucie Police Department

OCA
2017-24501
Date / Time Reported
Fri 12/01/2017 15:20

Victim

STATE OF FLORIDA

Offense

THEFT OTHER

On December 1, 2017, a complaint was received from "Rebecca Samaritan" via Facebook Messenger about illegal activities occurring at Good Samaritan Ministries. "Rebecca" stated the SNAP EBT cards are "stolen" from the residents at the time of intake, which was used to supplement the food received from the Treasure Coast Food Bank. As of Tuesday, "Rebecca" stated Good Samaritan Ministries lost support from the Treasure Coast Food Bank and is now only using the "stolen" SNAP EBT cards of their residents to purchase food for approximately 140 people. She expressed concern there was no plan in place for feeding the residents, and they (including children) will go without food.

This is an Active/Pending investigation - Status P. A supplemental report will be written upon the receipt of any additional information.

Incident Report Suspect List

Port St. Lucie Police Department

OCA: 2017-24501

1	Name (Last, First, Middle) <i>GOOD SAMARITAN MINISTRY,</i>						Also Known As				Home Address <i>8280 BUSINESS PARK DR PORT ST LUCIE, FL 34952 772-398-0065</i>																																									
	Business Address																																																			
	DOB / /	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.																																									
	Scars, Marks, Tattoos, or other distinguishing features																																																			
<table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td colspan="2">SSN</td> </tr> <tr> <td>Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td colspan="2">Color</td> <td>Caliber</td> <td colspan="3">Dir of Travel Mode of Travel</td> </tr> <tr> <td colspan="3">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> </table>														<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN		Weapon, Type	Feature		Make		Model		Color		Caliber	Dir of Travel Mode of Travel			VehYr/Make/Model			Drs	Style		Color		Lic/St		VIN		
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VehYr/Make/Model			Drs	Style		Color		Lic/St		VIN																																										
Notes							Physical Char																																													

Incident Report Related Property List

Port St. Lucie Police Department

OCA: 2017-24501

1	Property Description CREDIT / DEBIT / ATM CARDS				Make EBT		Model SNAP		Caliber	
	Color		Serial No.		Value \$1.00		Qty 1.000		Unit	
	Status Stolen		Date 11/26/2017		NIC #		State #		Local #	
	Jurisdiction Locally		OAN							
Name (Last, First, Middle) * No name *					DOB		Age		Race	
									Sex	

Notes

CASE SUPPLEMENTAL REPORT

Printed: 08/06/2019 15:06

Port St. Lucie Police Department

OCA: **201724501**Case Status: *ADMINISTRATIVELY...*Case Mng Status: *ADMINISTRATIVELY...*Occurred: *11/26/2017*Offense: *THEFT OTHER*Investigator: *BUTTERWORTH, D. (2042)*Date / Time: *04/03/2018 16:55:51, Tuesday*Supervisor: *MARTIN, A. (2604)*Supervisor Review Date / Time: *04/04/2018 08:41:27, Wednesday*

Contact:

Reference: *Follow Up*

On December 1, 2017, a complaint was received from "Rebecca Samaritan" via Facebook Messenger about illegal activities occurring at Good Samaritan Ministries. "Rebecca" stated the SNAP EBT cards are "stolen" from the residents at the time of intake, which was used to supplement the food received from the Treasure Coast Food Bank. As of Tuesday, "Rebecca" stated Good Samaritan Ministries lost support from the Treasure Coast Food Bank and is now only using the "stolen" SNAP EBT cards of their residents to purchase food for approximately 140 people. She expressed concern there was no plan in place for feeding the residents, and they (including children) will go without food.

A records check was conducted for "Rebecca Samaritan" to locate an address or phone number for her, but yielded negative results. The Facebook page used to submit the complaint was no longer available, and there was no contact information accessible from the site. A google search for the name "Rebecca Samaritan" revealed a go fund me page, dated November 10, 2017, titled "HELP US ESCAPE THE CULT." The fundraising campaign was no longer active, so a request was sent to GoFundMe for any information about the campaign and "Rebecca Samaritan." The GoFundMe Trust and Safety Team provided me with the initial campaign posting, which alleged the staff at Good Samaritan Ministries was stealing money, SNAP EBT cards, cellular phones, and all electronics from people who enter the facility. It stated "Pastor Vito" refuses people to work outside jobs and requires them to work in their ministry. When people complain, "Rebecca Samaritan" stated the staff threatens to kick them out of the program with no money and no place to live. The money raised was intended to assist people who wanted to leave the ministry with a temporary place to live or transportation back to their families. When requested, the Trust and Safety Team advised they were unable to provide any contact information for the organizer without a legal order.

I later made contact with Krista Garofalo, who is the Chief Strategy and Advocacy Officer with the Treasure Coast Food Bank. She explained all agencies and groups that received assistance from the Food Bank are to have other means to provide food and should not utilize Food Bank donations as their sole source of food. Krista confirmed their relationship with Good Samaritan Ministries was suspended in November 2017 due to compliance issues. She stated the Food Bank has been working with them for the past 18 months on paperwork issues, and were unable to continue their working relationship until the proper paperwork is completed.

On December 12, 2017, I went to Good Samaritan Ministries, located at 8280 Business Park Drive, Port St. Lucie. The church and warehouse is located within unincorporated Port St. Lucie, and outside the jurisdiction of the City of Port St. Lucie. Contact was made with "Pastor Vito," who was later identified as Vitangelo Rocco Bitetto, and his office manager Sara O'Leary, to discuss the identity of "Rebecca Samaritan." Vito stated he believed "Rebecca Samaritan" was a fake name and profile being operated by Kristopher Michael Fishbaugh. He stated Kristopher had been with the ministry for approximately thirty months, with twenty-one of those months being in a leadership role. Vito stated Kristopher has become a problem within the ministry, and has since sent an email to him requesting payment for his services. Within the email, Kristopher acknowledges he knows who was responsible for a Facebook page and GoFundMe campaign, and has since had that person remove the pages. The email also detailed Kristopher's claim of being owed \$32,450, and his offer of a settlement of \$7,300 to be paid by

Investigator Signature: _____

CASE SUPPLEMENTAL REPORT

Printed: 08/06/2019 15:06

Port St. Lucie Police Department

OCA: **201724501**Case Status: *ADMINISTRATIVELY...*Case Mng Status: *ADMINISTRATIVELY...*Occurred: *11/26/2017*Offense: *THEFT OTHER*Investigator: *BUTTERWORTH, D. (2042)*Date / Time: *04/03/2018 16:55:51, Tuesday*Supervisor: *MARTIN, A. (2604)*Supervisor Review Date / Time: *04/04/2018 08:41:27, Wednesday*

Contact:

Reference: *Follow Up*

December 11, 2017. Vito refused to pay Kristopher any money, and has since filed a report with the St. Lucie County Sheriff's Office.

Vito was asked what had transpired between him and Kristopher for him to create the Facebook page or the GoFundMe page. He stated Kristopher lived in one of the ministry homes with Joey, a young man in a wheelchair. Vito stated Kristopher was manipulating Joey, and attempting to use his disability money to obtain a new residence away from the ministry. When Joey came for his property to leave the ministry, Vito stated he was given his property without incident. Vito believes Kristopher was angry with him for interfering with his plans for Joey, so he began posting the allegations on social media. I then asked Vito about the claims made in the Facebook message about taking the SNAP EBT cards from their residents and using those benefits to feed his ministry. Vito acknowledged all debit cards, SNAP EBT cards, prescription medications, or items of value were taken from every individual who stays within the ministry upon their arrival. He explained his work with drug addicts who in the past has used their money or property to either purchase or barter for illegal drugs. When a resident requests money from their accounts, they are taken to the bank and allowed to obtain some money. The residents all go as a group to Walmart or other stores to purchase what they want. As for the SNAP EBT cards, Vito stated the food benefits received are only shared among housemates. He explained if eight men live in a house, but only 4 receive food benefits, the benefits from those four will feed all eight. Vito stated all people in the ministry programs have agreed to share their benefits, and even sign an "Authorized Representative Designation" form upon their arrival allowing Good Samaritan Ministry to receive and use the food assistance on the resident's behalf. I was later provided with a copy of their intake paperwork, which the resident must sign and agree to before entering the facility.

Contact was later made with Kristopher by telephone on December 21, 2017. I advised the nature of my call was regarding a Facebook page by "Rebecca Samaritan" alleging criminal acts within Good Samaritan Ministries. Kristopher admitted it was a fictitious Facebook page he created to alert people and make the public aware of the harassment and "borderline illegal things" taking place within the ministry. He also admitted to starting the GoFundMe Page, but has since taken it down. When asked specifically what had occurred, Kristopher told me about "Joseph Hendricks" who was refused the return of his debit card when he was planning to leave the program. "Joseph" told Kristopher Vito told him he wasn't ready to leave and refused to give him his cards, so "Joseph" ordered a replacement card. Kristopher provided the card to "Joseph" when it arrived, and the plan was for him to leave on December 1, 2017. Once Vito learned of "Joseph's" plans, he evicted him from the residence.

After that incident, Kristopher stated Vito began telling people he was a traitor and "put him on blast" during the ministry church services. Kristopher stated he realized there was too much negative energy around the ministry, and he wanted to do something more positive for people. Lastly, I asked Kristopher about the email he sent to Vito requesting payment for his services. Kristopher admitted he had sent the email, requesting money he was owed from his 21 months serving in ministry leadership. He stated Vito originally agreed to pay him \$300 per week, free housing, and also pay between \$200 and \$300 a month for his probation payment. Kristopher stated he didn't receive the payment as discussed, and Vito only paid \$900 towards his probation over the 21 months. After no

Investigator Signature: _____

CASE SUPPLEMENTAL REPORT

Printed: 08/06/2019 15:06

Port St. Lucie Police Department

OCA: **201724501**

Case Status: *ADMINISTRATIVELY...*

Case Mng Status: *ADMINISTRATIVELY...*

Occurred: *11/26/2017*

Offense: *THEFT OTHER*

Investigator: *BUTTERWORTH, D. (2042)*

Date / Time: *04/03/2018 16:55:51, Tuesday*

Supervisor: *MARTIN, A. (2604)*

Supervisor Review Date / Time: *04/04/2018 08:41:27, Wednesday*

Contact:

Reference: *Follow Up*

response, Kristopher stated he was leaving the residence after Christmas and moving to Broward County. He was unable to provide any further information regarding criminal acts occurring within the City of Port St. Lucie by Vito or Good Samaritan Ministries.

Due to the lack of any allegation of a crime occurring within the City of Port St. Lucie, and that all participants in Good Samaritan Ministries provide signed consent forms for the ministry to utilize their SNAP EBT to purchase food for the ministry, no crime can be substantiated. This case is Administratively Cleared - Status A. A supplemental report will be written upon the receipt of any additional information.

Investigator Signature: _____

Good Samaritan Ministries Inc.

8280 Business Park Drive, Port St. Lucie, FL 34952
(772)-398-0065

GOOD SAMARITAN CLIENT INTAKE CHECK LIST

- ___ 1. Intake Packet filled out and initialed by Resident
- ___ 2. Copies of DL, I.D, Insurance Cards (If Applicable)
- ___ 3. Copy of Rules Initialed by Resident and Signed Consent for Voluntary Admission to Re-Entry Program AND Receipt of Program Rules
- ___ 4. Signed and Initialed Property Intake and Inventory for Resident
- ___ 5. Signed consent for photographs/videos
- ___ 7. **SEARCH ALL PERSONAL PROPERTY**

CONFISCATE ALL:

Electronic Devices (Cellphones, Computers, Tablets, etc.)

Cash, bank/debit cards, check books, etc.

ALL MEDICATION (over the counter, and prescriptions)

ANY CAR OR OTHER VEHICLE KEYS

- ___ 8. Full search of person (including all clothing)
- ___ 9. Pins for all food stamp and/or debit cards written on a note attached to the intake.

Client Signature _____

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8280 Business Park Drive, Port St. Lucie, FL 34952

(772)-398-0065

Interview Date: __/__/__ How did you hear about us: _____

Name: _____ DOB: __/__/__ SSN: _____

Current Residence: _____

Race: _____ Marital Status: _____ Sex: _____

Children? YES ☐ NO ☐ DCF Case? YES ☐ NO ☐ Case Worker Info: _____

If you have children residing with you please provide the names, birthdates, and social below:

Do you have a drivers license? _____ If Yes, DL #: _____

Level of Education: _____ Skills: _____

Job History: _____

Are you presently employed? _____ Where? _____

Do you currently have cash or bank cards? _____

Do you have insurance? _____ Type of Insurance: _____

Are you a Veteran? _____

CRIMINAL HISTORY:

Have you ever been incarcerated? _____

Have you ever been convicted of a sex crime? Y / N Explain: _____

Have you ever been convicted of a felony? _____

Do you currently have any WARRENTS? _____

Do you have any open cases? _____ Please Explain. _____

Are you currently on Probation? _____ Officer's Name: _____

Client Signature _____

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(772)-398-0065

List all medications and reason for use:

Do you currently have a doctor for refills? _____

Do you have a Primary Care Doctor? _____

Are you pregnant? _____

Emergency Contact:

Relationship: _____ Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Comments: _____

Relationship: _____ Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Comments: _____

Do you have any other concerns or issues that need to be addressed immediately?

Client Signature _____

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Do you currently have any source of income? *Check any that apply*

Type:	\$ Amount:
Food Stamps	_____
Social Security Income	_____
VA Benefits	_____
Worker's Compensation	_____
Temporary Cash Assistance	_____
WIC	_____
Child Support	_____
Retirement	_____
Other	_____

Have you ever been to Good Samaritan before? If yes, when? _____

Have you ever been in any other form of treatment before? _____

What is your primary reason for coming into Good Samaritan Ministries?

Do any of the following apply to you?

Homeless
Drug Issues
Alcohol Issues
Mental Health
Health Issues
Special Needs
Communicable Disease
Jail Release / Transitioning
Probated to program
Other Problems or Health Issues

Client Signature _____

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(772)-398-0065

Resident Curriculum and Rules

Residents accepted into Good Samaritan Ministries' residential shelter will receive the following:

1. Personal items and toiletries upon intake as needed.
2. Housing accommodations that include a designated single bed, linens, and dresser (to be shared).
3. A shower and bathroom facilities are available; Common area for congregate meals, socializing and family visits.
4. All common areas (i.e. kitchen, living room etc.) to be furnished by the ministry.
5. Food is purchased communally within each residence and is supplemented through Good Samaritan Ministries' Food Pantry. Residents will apply for food stamps upon intake as needed.
6. All residents will receive a Bible.

All residents are expected to comply with the curriculum. Failure to do so will result in disciplinary action as follows: (1.) First offense: verbal warning; (2.) Second offense: meeting with Pastor Vito and/or Ministry Staff. If a third offense of a given rule occurs and the resident continues to violate rules, he or she will be dismissed from the residential shelter.

1. Clients must sign the consent form to voluntarily reside in Good Samaritan's Re-Entry Program as well as the consent to follow all rules.
2. Monthly rent \$500.00 for clients. A monthly rent cycle begins upon client's admission date.
3. All personal property will be searched upon intake.
4. Any medications, (prescriptions, over the counter medications, empty bottles and paper prescriptions) must be turned over to staff upon admission. Medications are available to be taken as prescribed with staff supervision.
5. Car keys as well as all other vehicle keys will be confiscated upon intake.
6. Residents are not permitted to hold or carry cash, credit and debit cards, bank cards etc. All funds must be turned in upon intake. Residents give full permissions for any personal monies on bank cards, debit cards, etc. to be withdrawn at their subsequent ATMs by staff to be put on the resident's account with Good Samaritan Ministries. Money is distributed only as needed. A financial account of all money is available and updated weekly for each resident

Resident Initials _____

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Good Samaritan Ministries Inc.

8280 Business Park Drive, Port St. Lucie, FL 34952

(772)-398-0065

unless otherwise requested. Upon a resident's exit from Good Samaritan Ministries, Good Samaritan will have up to (10) business days (not including holidays) to return any monies remaining on a resident's account.

7. All electronic devices (cell phones, computers etc.) must be turned into staff upon intake and will be held for 6 months. Established residents are not permitted to lend out their personal phones, computers or other electronic devices. **Any resident caught lending their electronic devices to residents with under 6 months or anyone who has lost their privileges will lose their electronics and/or phones as well.**

8. A phone is available to residents for use at the main facility before 10am and after 6pm. The facility phone is subject to a 15 minute time limit per resident.

9. Residents will not be permitted to listen to secular music while in this program. Christian music is permitted. **NO EXCEPTIONS**

10. After a minimum of (30) days visitation will be permitted on Sunday afternoons from 3:00PM – 6:30PM. **Residents must submit an Outing Request by Wednesday of each week or the request will be automatically denied. Requests are otherwise granted or denied by staff on an individual case by case basis.**

11. Residents are permitted to have a "weekend pass" after a minimum (90) days. Passes are granted or denied by staff on an individual case by case basis.

12. No outside guests are permitted to live, visit or stay at the residential homes.

13. All residents are required to attend all Church/Bible Studies.

	Men	Women
Monday	7:30pm church	7:30pm church
Tuesday	7:30pm church	7:30pm church
Wednesday	Home Bible Study	Home Bible Study
Thursday	7:30pm church	7:30 pm church
Friday	7:30pm church	7:30pm church
Saturday	6:00pm softball	6:00pm softball
Sunday	11:00am church	11:00am church

Residents are to be at the Church by 6:30PM to set up & prepare for church to begin at 7:30PM.

Resident Initials _____

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8280 Business Park Drive, Port St. Lucie, FL 34952
(772)-398-0065

14. Residents without employment upon entering into the program will not be permitted to work for (30) days. Residents with employment upon entering into the program will be evaluated on an individual case by case basis.

15. There is NO smoking inside the facility; smoking is only allowed in designated areas.

16. Residents are responsible for the cleanliness of their space and are expected to contribute to community living. Residents will be assigned house chores that may include as needed: making beds, cooking, cleaning, yard maintenance etc.

17. There is no cable in the houses. All movies must be pre-approved and cannot contain violence, vulgarity, sexual content, etc.

18. Residents are given the opportunity to volunteer and participate in community service projects with Good Samaritan Ministries. Residents will only be allowed to volunteer if they have signed a liability agreement.

19. The noise level in sleeping quarters is to be kept at a considerate volume. Residents are free to socialize or converse in the common areas of the house.

20. Residents are not allowed to have pets unless pre-approved by the Staff.

21. Random house checks/searches will be conducted by Ministry Staff. Houses should be clean, neat, and orderly. Houses not meeting required standards will be instructed to correct any issues & will be re-inspected.

22. Cursing, swearing or violent behavior is not permitted on the property. Verbal threats are not tolerated. Violation is grounds for immediate dismissal.

23. No males in the women's houses. No females in the men's houses.

24. **NO ENERGY DRINKS.**

25. Appropriate clothing must be worn at all times. (No shirts displaying vulgarity, drugs/alcohol, or sexually explicit material are allowed.) There will be no revealing clothing permitted. (Tank tops or sleeveless shirts, halters, tube tops, short shorts, spandex, tights, or yoga pants, see-through clothing) You may be asked to go home and change your clothing if you are not representing the Ministry and the Lord in a positive manner.

26. Residents are expected to keep their personal appearance neat and clean. Hair cutting will be made available through the facility.

27. There will be mandatory random drug and alcohol testing for all residents at the Ministry Staff's discretion.

28. Should a resident need to leave the property for any reason (outings, shopping, etc.) they **MUST** have approval from ministry staff **FIRST**.

Resident Initials _____

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8280 Business Park Drive, Port St. Lucie, FL 34952
(772)-398-0065

29. Men and Women in Good Samaritan Ministries are not permitted to co-mingle with the opposite sex in this program. Forming relationships is not permitted. Your focus should be on the Lord.

30. If an established resident fails a drug test or breaks any of the rules and remains in the program, they will be subject to possible disciplinary actions/consequences such as: loss of personal and facility phone use for an indefinite time frame and/or loss of employment.

31. All resident mail should be mailed to the office at 8280 Business Park Drive, Port St Lucie FL 34952. Residents are not permitted to receive mail at the Ministry houses. Resident's mail may be opened and inspected at the Ministry Staff's discretion.

32. When a resident leaves the facility and no longer resides in a ministry home, the resident will have (30) days to pick up their belongings from the office. Any belongings left with the ministry after (30) days will not be held.

33. Office area is for approved STAFF only. Unless you are working in the office or accompanied by a STAFF member, you are not permitted to hang out in or around the office for any reason. Fellowship during groups and/or church functions is permitted in designated areas: Men in the front of the Pantry side of the building, Women on the church side of the building and parking lot. No one is permitted to wander outside of these designated areas unless told otherwise by LEADERSHIP.

34. Each resident is recognized as an individual and therefore will be treated as such. While this outline is to serve as a structure and foundation for this program, residents will be dealt with on a case by case basis.

Resident Initials _____

Help Us Help The Lives Of Many

Good Samaritan Ministries Inc.

8280 Business Park Drive, Port St. Lucie, FL 34952
(772)-398-0065

Signature for Receipt of Program Rules

Violations including possession/use of drugs or alcohol, possession/use of weapons, stealing, and fighting are grounds for immediate dismissal.

I, _____ have received, read and understand the Program and House Rules for Good Samaritan Ministries Re-Entry Center. I hereby agree to the terms and will abide by these rules. I understand that failure to do so can result in IMMEDIATE dismissal of the program.

Resident Signature: _____ Date: _____

Witness: _____ Date: _____

Voluntary Consent for Residential/Re-Entry Program

I, _____ am voluntarily entering into Good Samaritan Ministries Residential Re-Entry Program. I understand that by signing this form, I will be temporarily residing within Good Samaritan Ministries' homes and my allowed residence is subject to my conduct and performance within the program.

Resident Signature: _____ Date: _____

Resident Initials _____

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(772)-398-0065

Witness: _____ Date: _____

Resident Initials _____

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Good Samaritan Ministries Inc.

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(772)-398-0065

I, _____, am a volunteer for the subsidies of Good Samaritan Ministries. Good Samaritan Ministries Inc. and its sister companies are not liable for any incidents that may occur due to working as a volunteer. Accidents, Injuries, or any other medical fees are not the responsibility of the company I volunteer for or Good Samaritan Ministries Inc.

I understand and agree that my position is fully voluntary and that there is no liability to the company I am volunteering for. I understand that performing the duties which may be asked of me include a certain amount of risk and I am willingly and knowingly taking this risk on my own.

Should anything occur, I accept full responsibility and liability for any incidents. I agree not to pursue Good Samaritan Ministries or its sister companies for any fees, medical bills, or damages that may occur during or after any incident.

In signing this agreement, I am stating that I agree with all terms mentioned above and I am of sound mind and not under the influence of any mind-altering medications or substances.

Sister companies of Good Samaritan Ministries Inc. include the following: Trinity Trees of PSL, Inc., Heavenly Cuts Landscaping, Mighty Men Mechanics, Pastels Design Inc., Good Samaritan Thrift Stores, cleaning jobs, driving duties performed for GSM Inc., office duties performed for GSM Inc., fundraising events, and all other volunteer positions not listed here. Any position in which the client volunteers their time or efforts is covered under this clause. No volunteer position is forced in any manner, and I fully acknowledge my right to deny any such efforts.

Signed: _____ Date: _____

Witness: _____ Date: _____

Good Samaritan Ministries Inc.

8286 Business Park Drive, Port St. Lucie, FL 34952
(772) 335-7677

Request For Waiver Of Food Assistance Office Application Interview

I am unable to appoint an authorized representative or have an adult member of my household attend the food assistance application interview because all adult household members are:

- ☐ 65 years of age or older ☐ Mentally or physically handicapped
- ☐ Other (such as illness, care of a household member, working hours, transportation problems)

Explain: _____

For the above reason(s) I request a waiver of the food assistance office interview and understand that an interview will be conducted on my behalf. I understand that if I do not give complete and accurate information and do not let the food assistance office know when changes happen, that I may be prosecuted for fraud and may be fined and/or sent to jail.

Date

Signature

Witness if signed with an X

Witness if signed with an X

Phone number where I can be reached: _____

Good Samaritan Ministries Inc.

8286 Business Park Drive, Port St. Lucie, FL 34952
(772) 335-7677

AUTHORIZED REPRESENTATIVE DESIGNATION

Individual to receive assistance	Name and/or Facility to Receive Authorization
----------------------------------	--

I _____ hereby designate _____
Name Facility
_____ to act as my authorized representative.
Address

TO:

(check one or both boxes)

- ☐ Receive and use the food assistance on behalf of my household
This includes access to my online account, PIN (personal identification number) and card
- ☐ Be interviewed in my place

The reason I or my spouse (if applicable cannot be interviewed is:

- ☐ Working hours are the same as
food assistance office hours ☐ Health reasons ☐ Transportation problems

Other problems – explain: _____

This facility is comprised of adults who are sufficiently aware of my family's financial and other household circumstances to give any information required by the Food Assistance Program. I understand that I am responsible for any incorrect information given by my representative and may be prosecuted for fraud and be fined and/or sent to jail.

Date

Signature

Print Witness

Signature of Witness

Good Samaritan Ministries Inc.

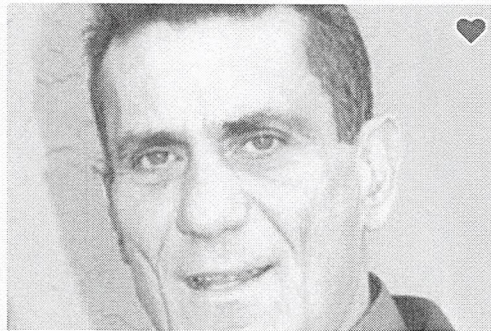
8280 Business Park Drive, Port St. Lucie, FL 34952
(772)-398-0065

CONSENT FOR PHOTOGRAPHS/VIDEO USE

By signing, **I agree** that any photographs or videos taken during the time I reside in Good Samaritan Ministries may be published on the internet and specifically used on Good Samaritan's website. I am voluntarily consenting with the knowledge that the images and/or videos may be used.

Resident Signature: _____ Date: _____

Witness: _____ Date: _____



\$10.0k goal

Campaign created 27 days ago

No Longer Accepting Donations

Share on Facebook

Created November 10, 2017

Rebecca Samaritan
Charity
PORT SAINT LUCIE, FL

Donations

No donations yet. Help launch this campaign and become the first donor.

HELP US ESCAPE THE CULT

Share

Tweet

9 shares

Story

Updates 2

I was in Good Samaritan Ministries, stuck for months, some people have been there 3-4 + years and are told they aren't ready to leave, they are demons or they are selfish because they want to. There are women and children, stuck. People come there to get clean, get sober, some are homeless, they use to get people from mental health court- no more. They take all your credit and debit cards, take your money-use it for ministry purposes, take your phone, computer, all electronics for 6 months, cutting you off from the outside world. The pastor "Vito" doesn't allow people to work outside jobs, steals all their money, to use for ministry purposes and your food stamps, forces people to work for the 'ministry' and 1 particular company, has had over 20 accidents this year alone. 4 very serious! The resident or 'volunteer' is forced to pay his/her own medical bills. 3 men have suffered serious chain saw accidents and were denied follow up medical treatment. Because of this and so called leaders constantly threatening to 'throw you out on the streets' with no money, none of your cards and homeless, if you do not conform and do not 'obey' their commands, 170+ men, women and children are stuck with no way out. There is no plan in place for you to leave, they do not want you to transition out of their place, ever...its just like a Cult. You are forced to turn over all debit/credit cards and money to the cult upon intake. You get it back when you leave, a few people had to ask for permission to open their own bank accounts, ask permission to see their mother or go see their childrens play. If you do not get permission and obey pastor vito's commands...you are threaten to be thrown out, called demons or demon possessed. Some came there addicts and alcoholics and receive NO HELP for their disease. The ministry takes advantage of this and uses your weaknesses against you. Guess if you are addicted to drugs and alcohol and know you can get high or drunk with nothing but a slap on the wrist, its a great place. Have you ever been to church where a pastor talks bad about someone, calls them out in front of everyone and humiliates them. How about talking behind people backs to other members of his flock? Most recently eli in the same day, they threw a guy in a wheelchair out of the ministry, with no money and did not give him food stamp card. Please help. I will use 100% of the money to help get people out that want to leave but are trapped with no money and no way to earn it. 100% towards HELPING people ESCAPE that 'ministry', getting a roof over their head or getting them home to family. In the last 27 months 5 people have died from drug overdoses who were kicked out or harassed so much they had to leave penniless on the streets. Rumors of drug addicts getting high even after being at that place for years. Rumors of sex for drugs and pill parties in the main office. There is one man there with a heart condition and requires open heart surgery. He was told weeks ago to make arrangements to get out asap and preferably before his surgery. He had no insurance they use to pay for his medicine. Then after he said he wanted to leave in a few months they denied his medicine. He is thinking about filing a lawsuit. Another man was hurt with a chain saw, he had 40+ stitches in his foot, was not allowed to go see a specialist for a follow up. He has already left and filed a lawsuit. Good Samaritans they are not. \$4000 will be used to get a bus ticket for 10-15 people to get home, \$6000 for 10 people to escape the cult, and have a place to live for a month while they get employment and become productive again.

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THU 12:00PM

maritan Ministries had their account shut down at the Treasure Coast Food Bank every Weds especially this time of the year. But what is more alarming? They steal and supplement food they buy with your money with the food, mainly meat they everyone gets food stamps, not everyone has money left on their cards if they did 140+ people they house....so children have to go without food because the cult has no money of PSL going to do? Besides arrest the cult members for stealing food so they

ement was back around...last Tuesday night they shoved another man into console that night it went to 10! Again.

ested, the kitchen at that cult is as well and so is the pantry where they hand out

10:21PM

SO, I HAVE A PROPOSAL FOR YOU.

I will sign a confidentiality agreement, here at 5660 NW Consumer Ave, Port St. Lucie FL 34983, stating everything I know regarding Good Samaritan, your leadership there and you personally will never be discussed by me ever at anytime from the this day forward. Not ever again. This includes but not limited to; the city manager and mayor, City of PSL's attorney, the State of FL, USDA, IRS, the State health dept, Any agency of the State Of FL, the county of St. Lucie and the city of Port St. Lucie and I will not file a lawsuit of any kind against the ministry, any resident or yourself. I agree not to offer testimony in any other pending or future lawsuits against you or the ministry. No social media blitz campaign and no blogs, about my time at the ministry or you, I have gotten the person responsible for the FB page and Go Fund Me Page to take it down as a show of good faith. This also includes people from the news media. None of the terms of this agreement can be discussed by either of us to/with anyone.

If either of us violates this agreement; I would have to return the money we settled for. This includes you the ministry and anyone associated with the ministry, we all have to abide by the same terms and conditions, I owe you nothing, I am free from any and all liability and you do not attack me privately, publically, on the web or on social media. And I agree to do the same. Basically we never knew one another and we never talk about each other ever again. Any violation of the confidentiality agreement opens either side up to liability.

NOW BEFORE you start saying you don't owe me anything or arguing what you owe me or what deductions you want to subtract and then we go back and forth, please remember I have all 4 dates I submitted requests to look at my books, I never got to see them, we had plenty of time to go over that. Given the chain of events since April, with the harassment, the denial of my medication and my medically prescribed diet which resulted in heart damage and damage to my health, the intimidation, bullying, passive aggressiveness and most recently slander as well as enticing a possible mob action to do me physical harm. I will not argue, debate or negotiate this like you have done with others. I am not going to argue about a few dollars here and there. You know me well enough to know, I have my ducks in a row on this. An award from a lawsuit would be in the hundreds of thousands. I would prefer to settle this now.

Itemized accounting of compensation for Fishbaugh.

You want say where is this in writing, where is it not in writing? Where does it say my work was 100% on a volunteer basis? It doesn't. Again we can argue about a little amount or there will be a huge amount we can let the courts decide on.

21 months in leadership working in the main office as well the men's office or 91 weeks Using Pastor Vito Bitetto's favorite number of \$300 week that's \$26,800.00 this is in addition to my rent each month.

You agreed to make my probation payments of \$200-\$300 a month if I stayed in leadership in lieu of obtaining employment outside the ministry. You only made 6 payments totaling \$800. $\$21 \times \$250 = \$5250 - \$800 \text{ paid} = \$4450$.

EJC shampoo co. You told everyone involved, (my attorney has statements from 3 people already) once you were paid by Barry we would each receive \$300. $4 \text{ orders} \times \$300 = \$1200$. My consulting fee and experience is more than \$300 an hour. But you offered and I accepted \$300 per wholesale order.

Summary

\$26,800

\$4,450

\$1200

\$32,450 total owed

Here is what I will settle for in exchange for the amount due me in compensation and payments you never paid me. (see

the itemized list above): **\$7300**. That is less than 22.5% of the total amount due to me (see details below). I am offering this to settle any and all monies due, as well as damages quickly and in good faith. My reason for wanting to do this quickly is so that both sides can move on and I can take some of my stress off of my body and not cause further damage to my health.

\$7300 in cash. If I get it in cash, I am out of your life and I am silent and gone from your life and the house within 2 hours of our signed agreement and receiving the \$7300. If it's a cashier's check, you can either drive me to and from the bank to cash it and I'll be gone from your life within 2 hours or I will be out of your life and the house on Consumer in 1 business day if I have to go to the bank to cash it. No check cashing place will have that kind of cash on hand to cash it so if I have to cash a cashier's check, plus this way you can't stop payment and no risk the check bounces, so I will be waiting one business day. Your choice. **Cash or Cashier's check only**.

I can do the confidentiality agreement, or if you want someone else to do it, send it to me at this email address, in advance so my attorney and I can look it over, please.

If we have not signed the confidentiality agreement and I have not received my settlement offer of \$7300 in cash/cashier's check, by 12 Noon PM Monday 12/11/17, this offer expires. To keep it simple, and exact, this offer is to be signed and the \$7300 paid before 12:00 PM Monday 12/11/17. After 12 PM on Monday 12/11/17, the offer is considered null and void.